

## DRILL REPORT

TO: CHIEF OF FIRE DEPARTMENT

DATE: \_\_\_\_\_

TYPE OF DRILL	STATION	NAME OF FIREFIGHTERS	TOTAL TIME
Pump Drill			
Hose Drill			
Ladder Drill			
Mask Drill			
Salvage Overhaul Ventilation			
Pre-Fire Planning			
Ordinances & Laws			
Miscellaneous Drill			
Hydrant Addresses  Minor Equipment		Hydrant Locations  Remarks	

Total Number of Drills During Month: \_\_\_\_\_

Total Time Consumed in Drills: \_\_\_\_\_

Total Number of Firefighters Attending: \_\_\_\_\_

Remarks:

Submitted  
Instructor \_\_\_\_\_